

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 10/516428 Filing Date _____
Application No. _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	3		3			
5	3		3			
6	3		3			
7	3		3			
8	3		3			
9	3		3			
10	3		3			
11	3		3			
12	3		3			
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17	3		3			
18	3		3			
19	3		3			
20	3		3			
21	3		3			
22	3		3			
23	3		3			
24	1		1			
25	1		1			
26	2		2			
27	2		2			
28	3		3			
29	3		3			
30	3		3			
31	3		3			
32	3		3			
33	3		3			
34	3		3			
35	3		3			
36	3		3			
37	3		3			
38	3		3			
39	3		3			
40	3		3			
41	3		3			
42	3		3			
43	1		1			
44						
45						
46						
47						
48						
49						
50						
TOTAL DEP.	3	↓	3	↓		↓
TOTAL DEP.	42	←	39	←		←
TOTAL CLAIMS	42		42			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL DEP.			↓			↓
TOTAL DEP.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS				←		←